

DO/ED BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	08 / 983316	RECEIPT DATE:	01 / 15 / 98
IA NUMBER:	PCT/ FI97 / 00298	IA FILING DATE:	05 / 20 / 97
FAMILY NAME:	HJOTARI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	SEPPO	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 20 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PMS244515	COUNTRY:	FIX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	2028613000
NAME:	PILLBURY MADISON & SUTRO		
STREET: 1100 NEW YORK AVENUE			
NINTH FLOOR EAST TOWER			
CITY: WASHINGTON			
STATE/COUNTRY: DC		ZIP: 200053918	
APPLICATION TITLES:			
TRANSMITTING SUBSCRIBER IDENTITY IN MOBILE COMMUNICATION SYSTEM			

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 1286**

Bib Data Sheet

SERIAL NUMBER 08/983,318	FILING DATE 01/15/1998  RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. PM244515/296
-----------------------------	---------------------------------------	--------------	------------------------	--

## APPLICANTS

SEPPO HUOTARI, ESPOO, FINLAND;

\*\* CONTINUING DATA \*\*\*\*\* *yes TB*

This application is a 371 of PCT/FI97/00298 05/20/1997

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *yes TB*

FINLAND 962128 05/20/1996

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	FINLAND	2	9	2
Examiner's Signature <i>[Signature]</i>	Initials			

## ADDRESS

909  
PILLSBURY WINTHROP, LLP  
P.O. BOX 10500  
MCLEAN, VA  
22102

## TITLE

TRANSMITTING SUBSCRIBER IDENTITY IN MOBILE COMMUNICATION SYSTEM

FILING FEE  RECEIVED 1154	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	--